



Research Round-Up 2025

Emerging evidence in DGBI care

In collaboration with researchers at



MONASH
University



MASSACHUSETTS
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INTRODUCTION

Welcome to Nerva's Research Round-Up 2025, bringing together the latest evidence on digitally delivered gut-directed hypnotherapy and brain-gut care.

This report synthesizes Nerva-led studies and collaborative research partners at Mayo Clinic, Mount Sinai, Massachusetts General Hospital, Monash University, and NHS Trust teams.

Alongside key findings, you'll find brief reflections on each study's clinical implications, designed to support practical decision-making and spark deeper dialogue and future research partnerships across the DGBI community.

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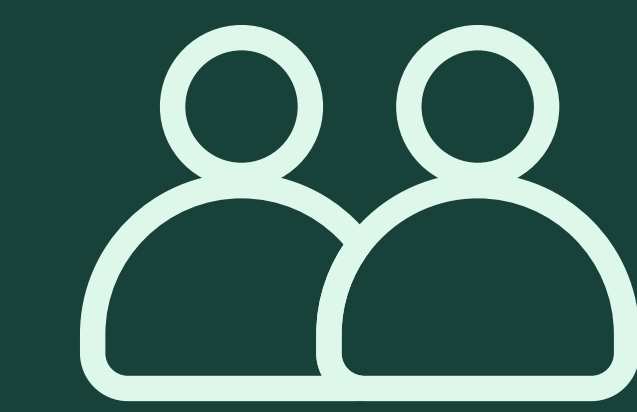
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Comparison of Digitally Delivered Gut-Directed Hypnotherapy Program with an Active Control for Irritable Bowel Syndrome

A randomized controlled trial (RCT) involving 244 adults with irritable bowel syndrome (IBS) examined the efficacy of a digitally delivered gut-directed hypnotherapy (GDH) program, compared with an active psychoeducation control.

Participants completed a 42-session daily digital program, with outcomes assessed through validated measures of gastrointestinal symptoms, quality of life, and psychological well-being during and six months after the intervention.

→ [Read the abstract](#)



RESEARCHERS:

Ellen Anderson, Dr. Simone Peters, Dr. Emma Halmos, and Prof. Peter Gibson, Monash University

PUBLISHED IN:

The American Journal of Gastroenterology, February 2025

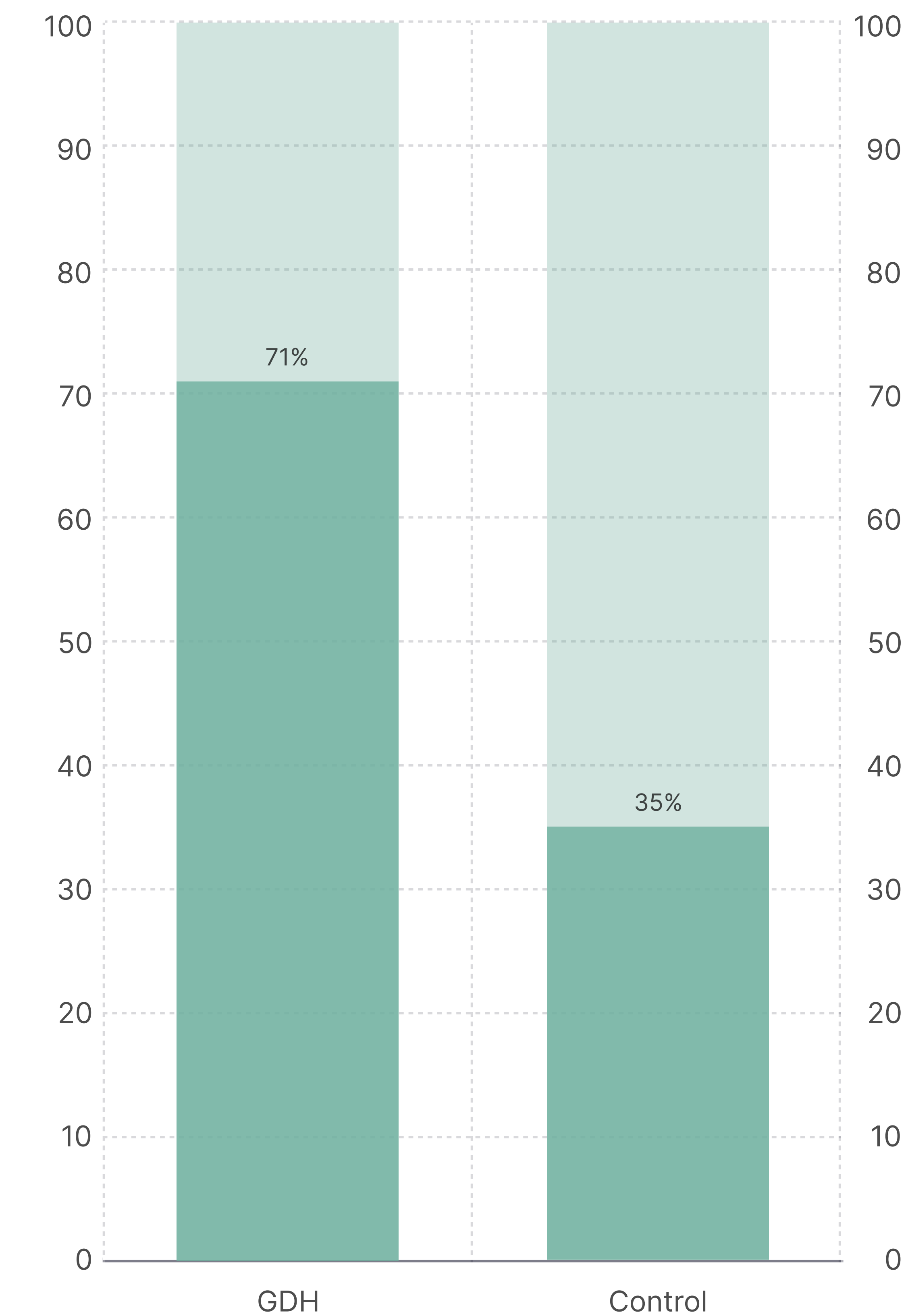
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PAIN MANAGEMENT

71%

of participants receiving app-based GDH had a clinically significant decrease in abdominal pain, compared to 35% receiving the active control.



Clinically significant decrease in abdominal pain

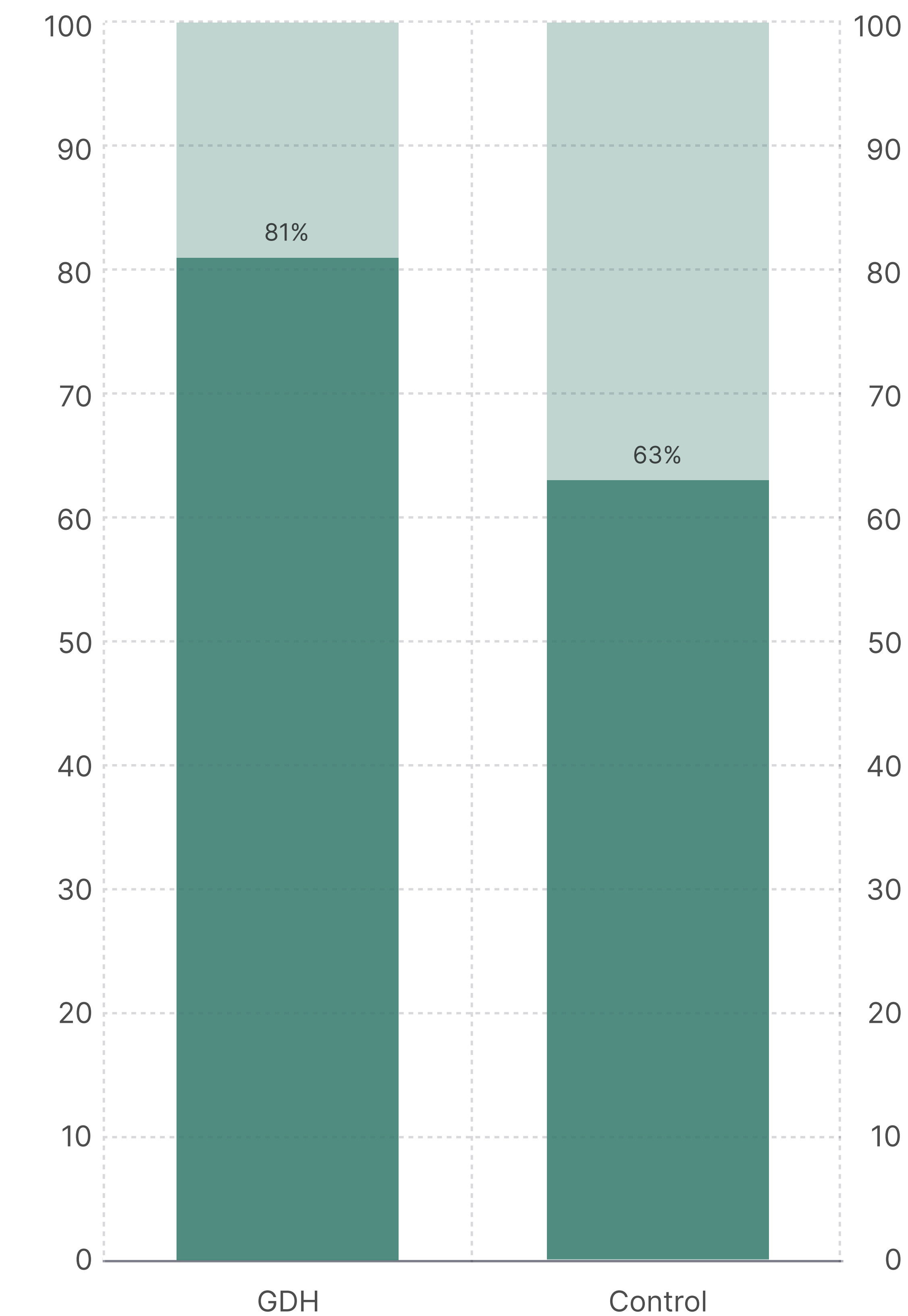
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SYMPTOM SEVERITY

81%

of those receiving digital GDH achieved a ≥ 50 -point improvement on the IBS Symptom Severity Scale (IBS-SSS), versus 63% in the control group.



Achieved a ≥ 50 -point improvement on the IBS Symptom Severity Scale (IBS-SSS)

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WHAT THIS MEANS FOR YOU

This study demonstrates that a digitally delivered GDH program was **superior to an active control in improving gastrointestinal symptoms and quality of life.**

This means you can confidently consider app-based GDH as an equitable, accessible alternative to face-to-face behavioral therapies in IBS management, particularly for patients with limited access to specialist care.

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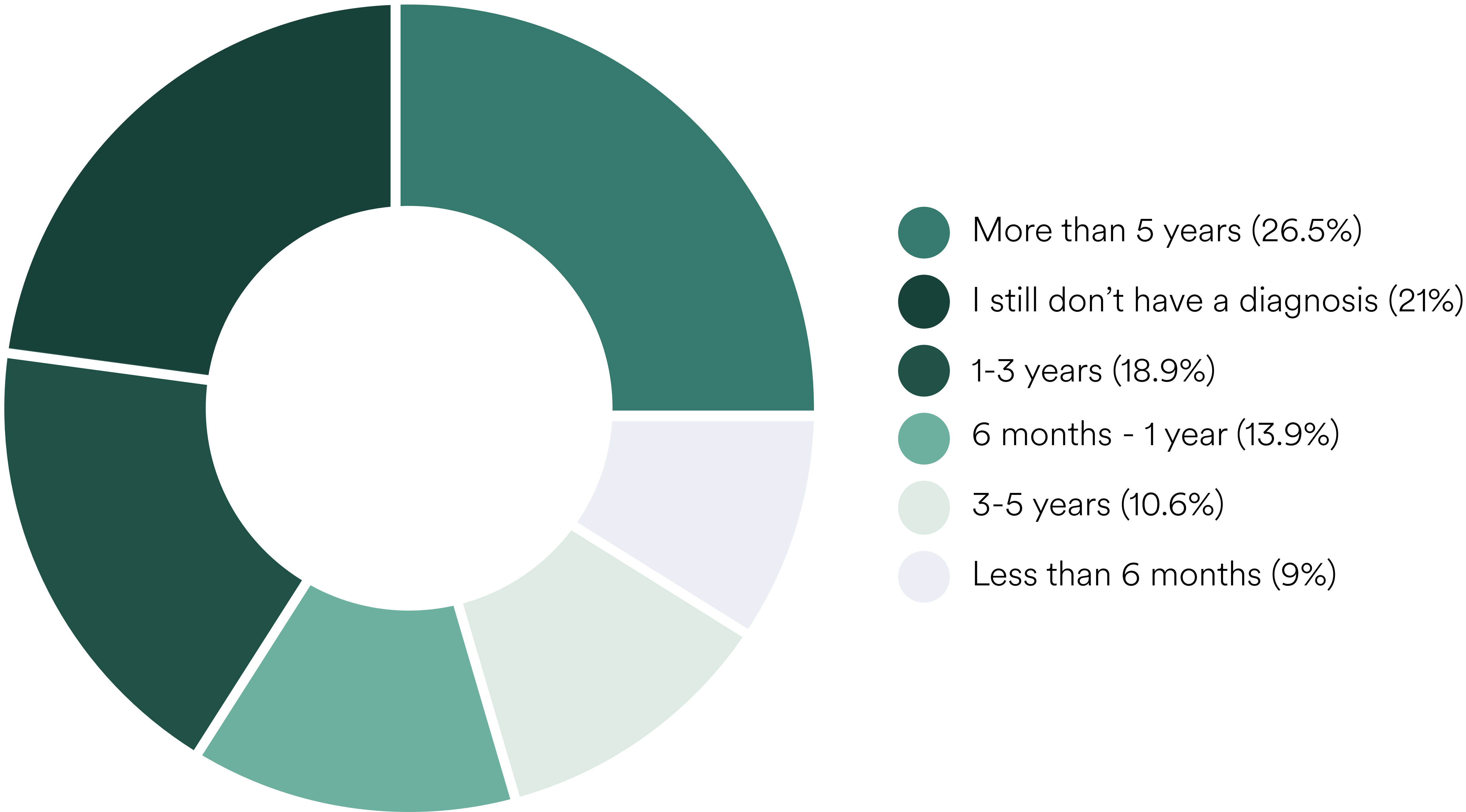
The State of IBS 2025 Report

Nerva By Mindset Health

This report is based on a cross-sectional survey completed by 3,403 respondents. Despite IBS being one of the most commonly diagnosed GI disorders, respondents reported facing a fragmented and frustrating path to care.

- Over a quarter waited 5+ years for an IBS diagnosis after first experiencing symptoms
- 3 in 4 people said their IBS symptoms disrupt daily life to a moderate or high degree
- 36% said their symptoms were suggested to be ‘all in their head’ by a healthcare provider
- 52.1% said their healthcare provider did not discuss the gut-brain connection at all during their diagnosis or treatment.

[→ Read the full report](#)



Self-reported time from first IBS symptoms to receiving an IBS diagnosis

WHAT THIS MEANS FOR YOU

The State of IBS 2025 highlights how **prolonged, disruptive, and poorly explained** IBS can be for many patients, underscoring the need for earlier recognition, clearer discussion of the gut-brain connection, and wider access to evidence-based brain-gut therapies.

Research by

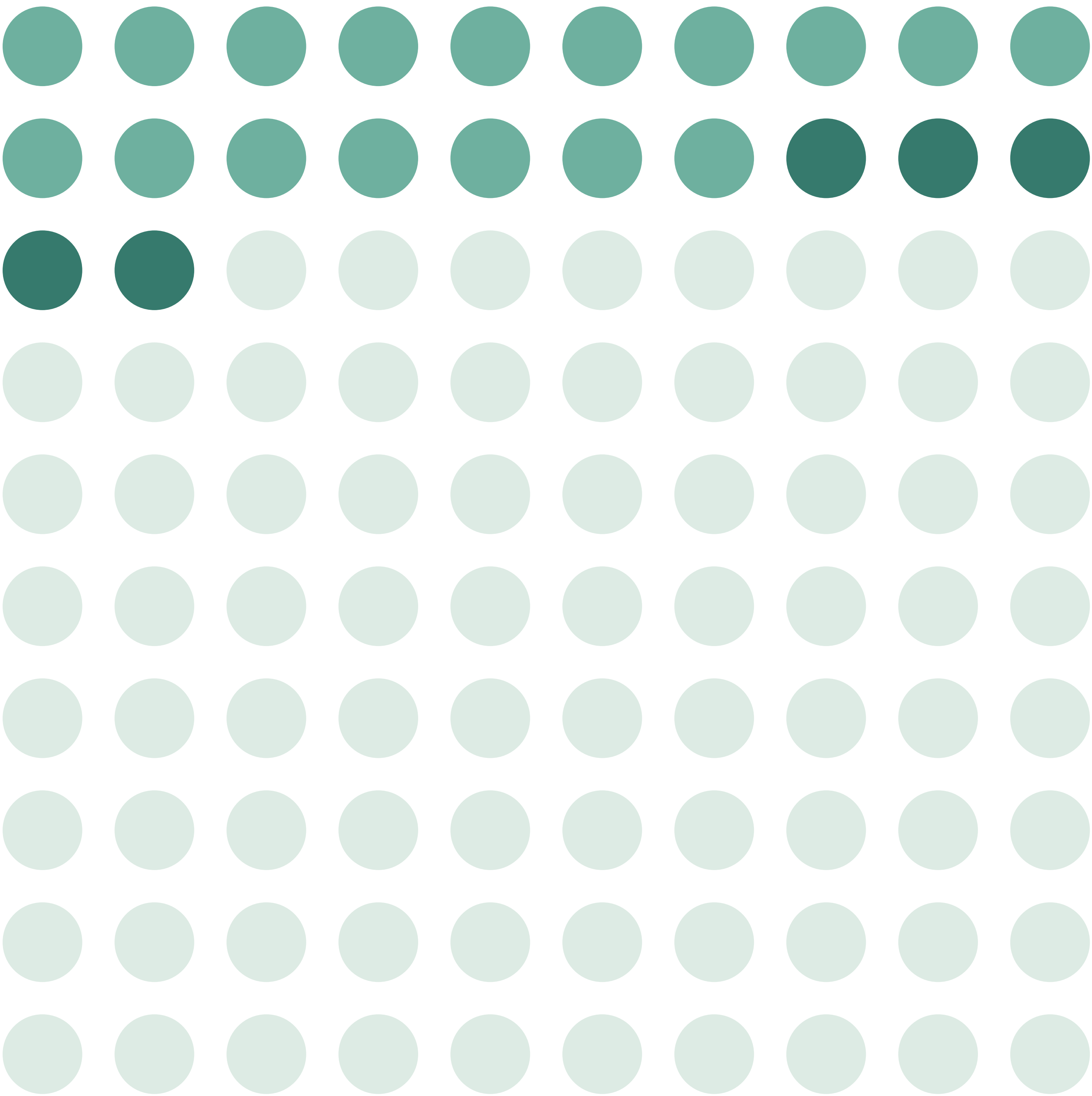
Digitally Delivered Diaphragmatic Breathing Improves Core IBS Symptoms

Presented: Poster, ACG Annual General Meeting, 2025
Iris Wang, MD, Franco Jin, MD, Mayo Clinic, Rochester, Minnesota, and Claire Hall, Mindset Health

This large-scale analysis of 38,454 users examined the relationship between engagement with a digital diaphragmatic breathing program and changes in key IBS symptoms, including abdominal bloating, pain, and passage of gas, over a five-week period. Across these groups, average symptom reductions ranged from 17–22mm (on a 0-100 mm scale). Participants who began with more severe symptoms showed greater relative improvements.

What this means for you: Because many IBS patients continue to struggle with bloating, pain, and discomfort despite standard care, this study is helping clarify how simple, accessible breathing techniques delivered digitally could support symptom management at scale.

[→ Explore research insights](#)



Average symptom reductions ranged from 17–22%

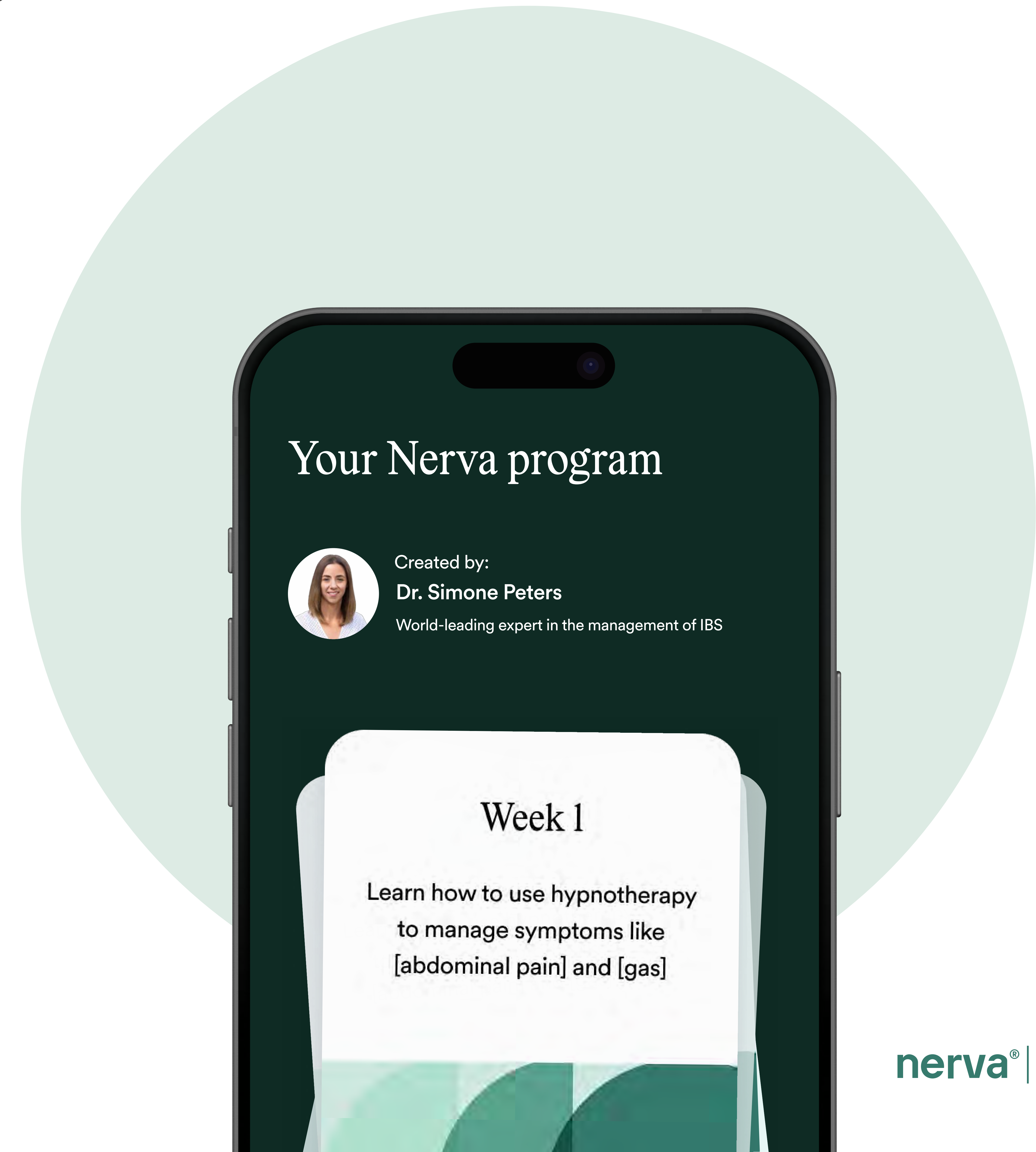
Treatment of Functional Gut Symptoms in Patients with Quiescent IBD and IBS

Dr. Emma Halmos, Monash University

This clinical trial is exploring a key question for clinicians: can an app-based gut-directed hypnotherapy program meaningfully ease functional gut symptoms in people with inflammatory bowel disease (IBD) in remission? It focuses on those who continue to experience IBS-like symptoms, and compares digital gut-directed hypnotherapy with a psychoeducation program.

What this means for you: Many IBD patients in remission still struggle with IBS-like symptoms and have few effective options – this study is directly addressing that gap by investigating a potential new digital approach for symptom relief.

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Gut-Directed Hypnotherapy for Patients with Endometriosis, Interstitial Cystitis, and IBS Research Institutions

Mount Sinai, Massachusetts General Hospital, and Mayo Clinic, Rochester, Minnesota

This collaborative study is exploring whether patients with endometriosis, interstitial cystitis (IC), or painful bladder syndrome who also experience IBS symptoms may benefit from a gut-directed hypnotherapy (GDH) protocol. The research investigates potential overlap between gastrointestinal and pelvic pain conditions, and assesses whether a GI-focused mind-body intervention could address symptoms across these interconnected domains.

What this means for you: If you see patients whose pelvic pain and GI symptoms constantly interact, this study may point toward a unified therapeutic pathway – one mind-body approach that could potentially ease symptom burden across both systems.

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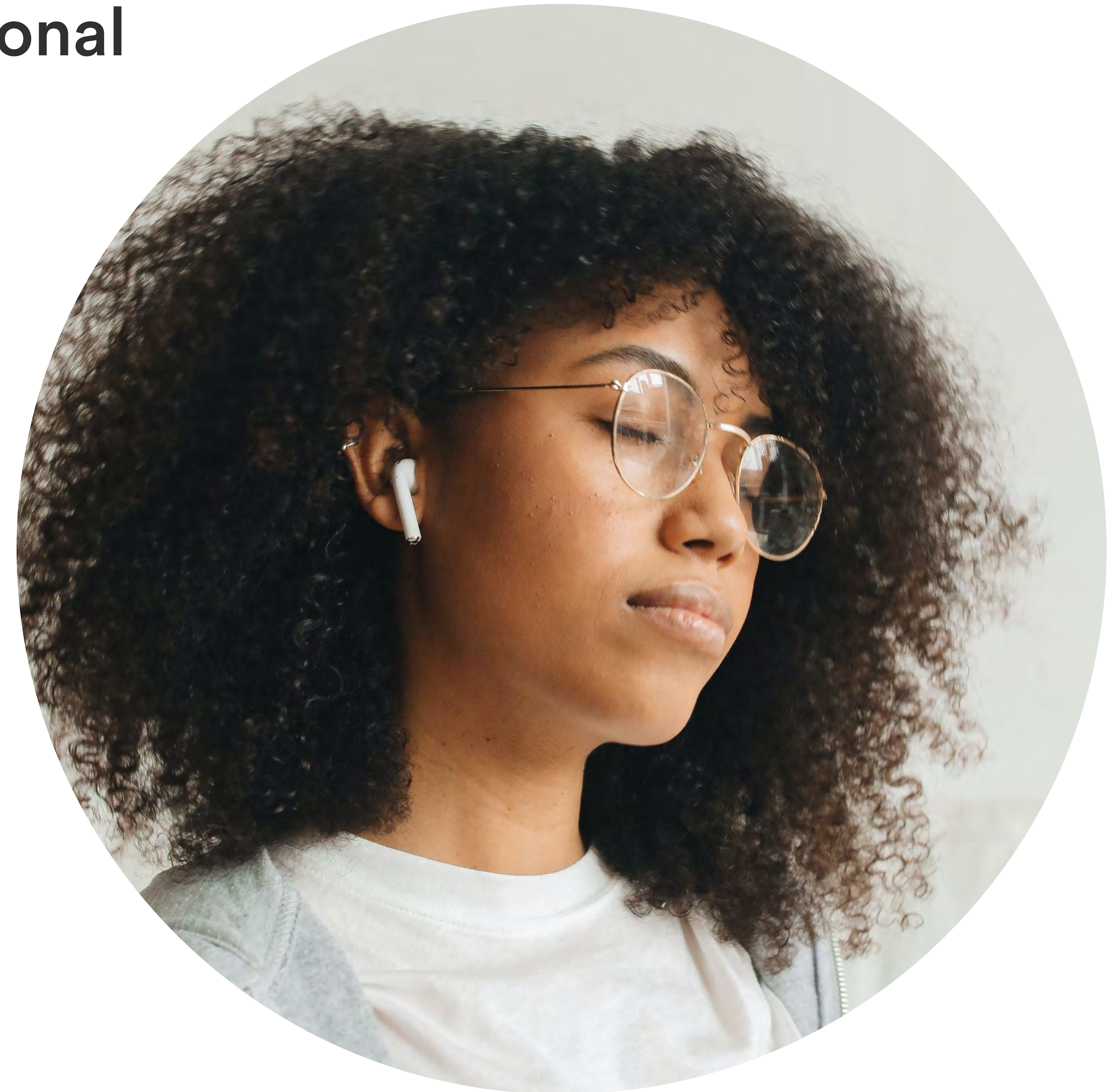


Gut-Directed Hypnotherapy for Functional Upper Gastrointestinal Disorders

Yuying Luo, MD, Mount Sinai

This study is investigating the use of app-delivered gut-directed hypnotherapy for individuals experiencing functional upper gastrointestinal conditions, including dyspepsia, functional heartburn, regurgitation, and excessive belching or burping. The researchers are examining how a brain-gut-focused digital therapeutic approach may be applied beyond IBS, expanding understanding of its potential role in upper-GI symptom management.

What this means for you: This study is exploring digital gut-brain therapy as a way to expand options for patients with functional upper-GI conditions who are often frustrated by the limited effectiveness of standard treatments.



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Real-World Evaluation of Psychological Mechanisms of Change

Megan Petrik, PhD, LP, and Brian Arizmendi, PhD, LP, ABPP, Mayo Clinic, Phoenix, Arizona

This study is examining how digital brain-gut therapy influences psychological mechanisms linked to IBS symptom change. It tracks shifts in visceral anxiety and self-efficacy for managing chronic symptoms using validated tools – the Gastrointestinal Unhelpful Thinking Scale (GUTS) and the PROMIS Self-Efficacy for Managing Chronic Conditions – at baseline and after six weeks of app use. Their aim is to clarify how changes in gut-related anxiety and self-management confidence contributes to IBS symptom relief.

What this means for you: This research is pinpointing which psychological levers digital brain-gut therapy moves, helping you more deliberately target visceral anxiety and self-efficacy when supporting patients with IBS.

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NHS Trust Begins Controlled Evaluation of Nerva for IBS

NHS Trust

A UK-based NHS Trust has completed an early analysis of our first controlled study comparing Nerva to care as usual for IBS. This real-world evaluation looks at symptom change across IBS subtypes and is beginning to show promising patterns, particularly among patients who stay engaged with the program.

While these findings are still preliminary and the study is ongoing, this work marks an important step in testing Nerva against care as usual within an NHS setting. It is laying the groundwork for deeper collaboration with the Trust, including future conversations about reimbursement and service adoption as the evidence matures.

What this means for you: As the evidence develops, this study may help you assess where tools like Nerva could add value within your IBS pathway and future service planning.



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CONNECT WITH NERVA

Research is at the heart of everything we do, and we're always looking to collaborate with teams who share our commitment to advancing DGBI care.

If you're interested in exploring a research partnership or learning more about our work, we'd love to hear from you.

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